

MINUTES

Wisconsin Minority Health Leadership Council (WMHLC)

Thursday September 12, 2013

Urban League of Greater Madison Evjue Community Room B

2222 S. Park Street, Madison, WI 53713

9:30 a.m. – 3:00 p.m.

Members Present:

Chris Allen – Program Coordinator, Diverse & Resilient
María Barker - Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.
Carol Cameron – Project Manager, Wisconsin Pink Shawl Initiative
Inshirah Farhoud - Pediatric Nurse Practitioner, Children's Hospital of Wisconsin
Michelle Hinton – Senior Director, Community Engagement, American Cancer Society
Sarah Noble - Managing Director, Reproductive Justice Collective
Joshua Salazar – Government Programs, UW Hospitals and Clinics
Fuechou Thao - Public Health Aide, Madison & Dane County Public Health
Conor Williams – Economic Policy Analyst, Community Advocates, Public Policy Institute
Peter Yang – Executive Director, Wausau Area Hmong Mutual Association
JoCasta Zamarripa - State Representative

Excused:

Paulette Bangura - Faculty Associate, UW-Milwaukee School of Continuing Education
Emmanuel Ngui - Asst. Professor of Health Disparities, UW-Milwaukee School of Public Health
Koua Vang - Executive Director, United Asian Services of Wisconsin, Inc.

Staff:

Evelyn Cruz, Director, Minority Health Program
Ruth DeWeese, Minority Health Program Assistant
María M. Flores, Minority Health Program and Policy Analyst
Kris Freundlich, Strategic Planner, Department of Health Services

Guests:

Brett Davis, Administrator, Division of Health Care Access & Accountability
Carly Hood, Population Health Fellow

ACRONYMS & WEBSITES

ACA	<u>Affordable Care Act</u>
HW2020	<u>Healthiest Wisconsin 2020 / State Health Plan</u>
PHC	<u>Public Health Council</u>
MHP	<u>Wisconsin Minority Health Program</u>
WMHLC	<u>Minority Health Leadership Council</u>
	<u>Centers for Medicaid and Medicare Services</u>
	<ul style="list-style-type: none">• <u>Health Insurance Marketplace</u> – information• <u>Marketplace</u> - registration

- Meeting commenced at 9:35am.
- Sarah Noble and JoCasta Zamarripa join the meeting via phone.
- Evelyn Cruz gave a brief overview of the Council and the Minority Health Program.
- Kris Freundlich gave an overview of the Council's Strategic Plan (July 2011-December 2013).
- Introductions took place.

ACA AND MEDICAID CONVERSATION

Administrator Brett Davis

Division of Health Care Access and Accountability

Administrator Brett Davis presented to the Council, and dialogued with members throughout the presentation.

One issue raised was the elderly blind and disabled. If there are any issues with this population, they need to be raised with [Disability Rights Wisconsin](#); they have the contract with the State.

Given time constraints, Administrator Davis offered to receive questions, comments and recommendations from the WMHLC and respond to them in writing. The Council appreciated and agreed this would be the course of action for their feedback.

ELECTIONS

Kris Freundlich & Evelyn Cruz

- Two nominations were sent via e-mail, but the nominated members had not agreed to the nominations.
 - Paulette was contacted and accepted the nomination; Inshirah Farhoud did not accept and removed her name off the ballot for Vice-Chair.
- The floor was opened for nominations for Chair:
 - Sarah Noble was nominated. Declined.
 - Conor Williams was nominated. Declined. He accepted nomination as Vice Chair.
- Joshua Salazar was nominated as Chair. Accepted.
- Peter Yang was nominated for Chair. Declined.
- Peter was nominated for the Vice Chair position. Declined.

Co-Chair positions were discussed – there is nothing in the Bylaws preventing this.

VOTING was postponed until after the *HW2020* presentation.

HW2020 Mid-Course Review

Carly Hood, UW Population Health Fellow

Carly gave an overview of the social determinants of health, how they are tied to health outcomes, how they impact access to care, how income and education are tied to health.

She spoke a bit about the *HW2020* mid-course review currently taking place, which will serve to:

- establish a list of priorities over the next few years;
- provide data to community representatives of affected populations;

Most Council members are willing to discuss this further via a telephonic conference.

It was asked of the Council if anybody would be interested in participating in the Public Health Council (PHC) Executive Committee call with the State Health Plan Quality Improvement Committee (SPHQI). One Council member will be on the SHPQI call on the 19th. All members were interested in connecting with the PHC with regard to the State Health Plan.

Council members also raised the issue about Wisconsin typically being the lowest funded state with regard to per capita state and federal funding for public health. Right now, Wisconsin ranks in the bottom five (pages 7-14):

<http://healthyamericans.org/assets/files/TFAH2013InvstgAmrcsHlth05%20FINAL.pdf>

ELECTIONS

Kris Freundlich & Evelyn Cruz

Paulette Bangura accepted the nomination for Chair via text to Fessahaye Mebrahtu.

Last call for nominations. Voting ensued.

Joshua Salazar was voted in as Chair, and Conor Williams as Vice Chair.

COUNCIL BUSINESS

Michelle Hinton moved to pass the minutes.

Fuechou Thao seconded.

Minutes were passed unanimously.

One Council member will send María M. Flores the ACA Fact sheet from their organization; Maria will forward to the Council

QUESTIONS FOR ADMINISTRATOR DAVIS

Council members discussed the presentation and appreciated Administrator Davis' offer to receive questions, comments and recommendations from the WMHLC and to respond to them in writing. Below is the follow-up sent to Administrator Davis on 9/27/13:

To: Administrator Brett Davis
Department of Health Services, Division of Health Care Access and Accountability

From: The Wisconsin Minority Health Leadership Council

Date: September 27, 2013

Re: Response to September 12, 2013 Meeting with the WI Minority Health Leadership Council

Thank you for your participation in our recent 9-12-13 MHLC meeting. Your presentation was informative for us and likewise, we aspire to being of assistance to you in better serving people from multiple population groups that may have unique service or communication needs.

As an outgrowth of our deliberations, we have both further questions for you, as well as some recommendations for your consideration. We will follow up with you and greatly appreciate your interest in working to meet the needs of all our state's citizens.

Recommendations and concerns

1. The Council recommends Public Service Announcements (including local community news outlets, not just the main media outlets) across the state in multiple languages, and through ethnic media print and radio. We also recommend outreach to the faith community, and public and private schools; perhaps using these organizations to disseminate enrollment opportunities. For example, flyers to pupils to give to their parents with reminders about enrollment. This is a low cost endeavor which requires minimal effort – these media and community organizations look for these types of opportunities to reach out to their constituencies.
2. Consider how you are going to provide information to immigrants and others who reside in shelters. Social media may be a more effective approach to reach these hard-to-reach people, since immigrant communities tend to be very mobile.
3. Please put into place requirements that all of the people who staff the phone lines display a respectful and high level of customer service skills to all callers. Community leaders and staff at community organizations get very good treatment when they call on behalf of recipients, but when recipients themselves call, they often receive poor treatment.
4. Please make sure that your communications clearly indicate who to contact if a person either has more questions, or needs more assistance, or has a complaint to address.
5. In spite of the preliminary publicity being done, our Council continues to have grave concerns about recipients not receiving letters until mid-November that their MA coverage is ending. We fear that it is too short a notice considering the short time-frame. Also right before the start of the holiday season when many staff are on vacation, it might be harder to effectively cover an increase in customer service calls.
6. We are recommending that the approximately 92,000 people who are losing BadgerCare coverage be tracked to ensure that people are not overlooked for obtaining coverage. It may not be until late November that they learn that they are losing coverage. If the rate of people leaving to go to the Marketplace is slow, and we are coming to the end of

- the year, please come up with a contingency plan to be implemented for something other than the worst case scenario of people not having insurance for a period of time.
7. As coverage is removed from a large number of people, it will be a burden to refugee caseworkers. When refugees enter this country, they have a short period of time to gather information, obtain housing, learn about services, and obtain employment. It is up to the caseworkers to explain what the refugees need to do within this very short period of time. Now there is this added responsibility for the caseworkers to quickly learn about the changes, with little support, when they are already trying to convey information about the system to individuals who may have no frame of reference about health insurance.

The Council recommends that caseworkers send a very strong message to recipients about a possible loss of coverage and what will happen if they don't act.

Questions

1. If current BadgerCare enrollees who are eligible for insurance through the Marketplace miss the December 15 enrollment deadline and have a gap in insurance coverage (perhaps, one or two months), but require health care, emergency room or other, how will that be handled? What is the safety net and what are the options for coverage?
2. Can you please confirm that anybody who is eligible for BadgerCare but misses the deadline would still get coverage at a later time?
3. What support or guidance will be provided to refugee caseworkers to most efficiently help this population navigate changes? Remember that they are serving some individuals who cannot read or write, in English or even their own language. There are also many people who are not familiar with the concept of health insurance. They come from places with no frame of reference to even understand health insurance or related things that go along with having private insurance, such as co-pays.
4. Will a study be done to track outcomes for people being removed from the BadgerCare rolls?
5. The Council has concerns with parents and children possibly having different coverage; how will this be explained to families?

Thank you for your eager willingness to regularly convene and partner with us as we work together to identify the best ways to reach and serve the rich diversity of citizens in our state. We look forward to continuing this conversation and serving as an advisor to align efforts for improved outreach and improved health for all.

MINORITY HEALTH PROGRAM UPDATES

Evelyn Cruz

- Update on the MH Report. It is the baseline report for *HW2020*, and will be retitled. The Report occurs every 5 years. The Council usually looks over the population chapters. The Council has agreed to look at the population chapters when these are completed. Volunteers for that review will be needed in the near future. The Council will also be sent the Social Determinants of Health chapter.

Community Grants:

- Evelyn Cruz talked about the Social Determinants of Health strategies that the MH Program works on through its grantees. Funding streams are \$100,000 per year for the biennium. The grants that just ended in June were PACA and Freedom, Inc. We are currently in the process of completing the evaluations of the two grants and reporting to the Federal Office for Minority Health on these demonstration grants.
- For the current cycle of the Community Grants, we had 15 applicants; this week we will put forth the recommendations to the Division and expect to notify grantees early next week.
- Four new grantees were selected after this meeting: Urban League of Greater Madison; Wausau Area Hmong Mutual Association, CORE/El Centro and the Racine Kenosha Community Action Agency. Council members will have an opportunity to hear presentations from these grantees over the next two years, at their locations.

The Minority Health Program is working on internal capacity. Evelyn Cruz discussed the [National CLAS standards](#), and how the Program will work on this for the next two years of funding through the DHSS Office of Minority Health with a \$150K grant. The Minority Health Program's operating funds come through these competitive grants. This grant represented the maximum level of funding available to state offices of minority health, and one of only 21 awards. The logic model will be sent to the Council.

Community of Practice (CoP) – Division level. The Program will send the charter as soon as it is approved. We will be institutionalizing health equity training as a charge of the CoP.

Public Health Information Campaign (PHIC) Grant:

- Like the Community Grants, this is also pass-through funding. The last PHIC was administered through Core/El Centro to partially cover a Train-the-Trainer for [Storytelling for Health](#) for a multicultural and multi-lingual health promoters group and to produce 3 short stories from health promoters telling their story about why they do what they do.
- The Program also worked with the Federal DHHS Region V Health Equity Council to fund the April 13 state-wide health promoter event in Milwaukee.
- This year's PHIC campaign is roughly \$33,000 and will focus on the *HW2020* midcourse review. The Program will ask the community to help facilitate several racial and ethnic community engagement fora.

REGION V HEALTH EQUITY COUNCIL UPDATES (RHEC)

Fessahaye Mebrahtu

The Regional Health Equity Council covers 6 states (Wisconsin, Minnesota, Illinois, Indiana, Michigan, Ohio). Fessahaye is serving a second term on the Wisconsin Council. The other members are Ana Paula Soares Lynch, Koua Vang, and Gina Green-Harris.

Objectives are:

- to mobilize grassroots communities;
- promote self-advocacy;
- foster solidarity in the community;
- ensure their voices are being filtered out to policy makers;
- learn best practices from each other;
- facilitate a fair representation of minority communities in health dialogue.

The Annual Meeting is December 9-10; Fessahaye and Ana Paula will be taking nominations to fill the last spot or two on the Region V HE Council. There are 36 spots for the 6 states. There may be one or two spots for a Wisconsin representative. Each state has its own projects, for example, the April 13 event for health promoters. They are planning for another April Minority Health Month event for health promoters, ground up, and have the health promoters voice what they need. They would appreciate ideas from Council members.

Wrap-up and appreciation